



03560.001549.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Douglas Q. Tran
HIROHIKO ITOH, ET AL.)	
	:	Group Art Unit: 2624
Application No.: 09/322,177)	
	:	
Filed: May 28, 1999)	Confirmation No.: 7620
	:	
For: IMAGE PROCESSING)	
APPARATUS AND IMAGE	:	
PROCESSING METHOD)	July 28, 2003

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Technology Center 2600

MAIL STOP NON-FEE AMENDMENT

Commissioner For Patents
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated April 28, 2003, Applicants respectfully request that the following amendments and remarks be entered and considered in the above-identified application.

2624.



In re Application of:

HIROHIKO ITOH, ET AL.

Application No.: 09/322,177

Filed: May 28, 1999

For: IMAGE PROCESSING APPARATUS
AND IMAGE PROCESSING METHOD

Docket No. 03560.001549.1

Examiner: Douglas Q. Tran

Confirmation No.: 7620

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Date: July 28, 2003

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MAIL STOP NON-FEE AMENDMENT

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an **Amendment** in the above-identified application.☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21	MINUS	21	0	x \$9 \$18	0
INDEP. CLAIMS	6	MINUS	6	0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

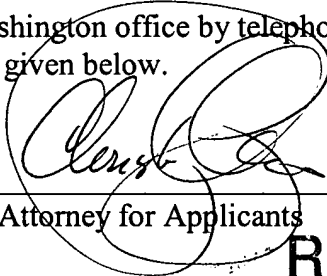
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicants

Reg. No. 32,078

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